

Medicaid Eligibility Handbook
Worksheet Section

EBD - RELATED DETERMINATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Primary Person Name	Social Security Number
---------------------	------------------------

			Certify From _____ To _____ New Recertification Change Date _____ Worker _____	Certify From _____ To _____ New Recertification Change Date _____ Worker _____	Certify From _____ To _____ New Recertification Change Date _____ Worker _____
1	ENTER	Number in MA Group			
		Number in Fiscal Test Group			
2	ENTER	Asset Limit (CAT)			
3	ENTER	Asset Limit (MED)			
4	ENTER	Nonexempt Assets			
5	ENTER	Gross Monthly Earned Income			
6	ENTER	Room and Board Profit			
7	ADD	(5) + (6)			
8	ENTER	\$ 65 + ½ of his/her gross earnings			
9	SUBTRACT	(8) From (7)			
10	ENTER	Total Unearned Income			
11	ADD	(9) + (10)			
12	ENTER	Special Exempt Income			
13	SUBTRACT	(12) From (11)			
14	ENTER	\$20 Disregard			
15	SUBTRACT	(14) From (13) Result is Monthly Budgetable Income			
16	ENTER	Categorically Needy Monthly Income Limit			
17	ENTER	Shelter Cost			
18	ADD	Shelter Adjusted Categorically (16) + (17) Needy Income Limit			
19	ENTER	Medically Needy Monthly Income Limit			
20	SUBTRACT	(19) From (15)			
21	MULTIPLY	(20) x 6 (Months) = deductible			